

Dear Parents/Guardians,

Your child's class will be taking a field trip on _____.
To ensure the safety and well being of all children, we ask that you complete the information below and return this form to school tomorrow. Any child who does not have this form returned, prior to the field trip will not be allowed to participate.

Thank You,
Lisa Igoe Kelleher, RN
Saint Catherine School Health Office

Student's Name: _____ **Homeroom:** _____

Emergency Contact Information: (names & #'s for the day of the fieldtrip)

Allergies: _____

Any medications needed on the day of the field trip (please include any "as needed" medications such as inhalers, Tylenol, etc.)

** For all medications (even over-the-counter medications), we have standard consent forms to be filled out and signed by a parent/guardian and the child's physician. If your child will need to take **any medication** on the day of the field trip, you may obtain these forms from the health office or download them from the Health Office website. All consent forms must be in place before any medication will be administered to a child.

Parent's Signature _____

Date _____